



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of:

Rodriguez, et al.

Serial No.: 09/693,780

Filed: October 20, 2000

For: **Synchronized Video-on-Demand Supplements**

Confirmation No.: 8562

Group Art Unit: 2614

Examiner: **Beliveau, Scott E.**

Docket No. A-6694 (191910-1680)

RESPONSE AND AMENDMENT TO OFFICE ACTION

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

RECEIVED
OCT 28 2004
Technology Center 2600

Sir:

The outstanding non-final Office Action mailed May 20, 2004 (Paper No. 12) has been carefully considered. Claim 56 is cancelled and claims 101-103 are newly added. Claims 57-59, 61, 63-71, 73-79, 81, and 83-103 are now pending in the present application. Reconsideration and allowance of the application and presently pending claims, as amended, are respectfully requested.

AUTHORIZATION TO DEBIT ACCOUNT

It is believed that no extensions of time or fees for net addition of claims are required, beyond those which may otherwise be provided for in documents accompanying this paper. However, in the event that additional extensions of time are necessary to allow consideration of this paper, such extensions are hereby petitioned under 37 C.F.R. § 1.136(a), and any fees required therefore (including fees for net addition of claims) are hereby authorized to be charged to deposit account no. 20-0778.

AMENDMENT TRANSMITTAL LETTER (LARGE)

Applicant(s): Rodriguez, et al.

Docket No.

A-6694 (191910-1680)

Serial No.
09/693,780

Filing Date
October 20 2000

Examiner
Beliveau, Scott E.

Confirmation No.
8562

Group Art Unit
2614

Invention: Synchronized Video-On-Demand Supplements

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Transmitted herewith is the Response and Amendment to Office Action in the above-identified application.

The fee has been calculated and is transmitted as shown below

CLAIMS AS AMENDED

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	42 -	55 =	0	X \$18.00	\$0
INDEP. CLAIMS	5 -	6 =	0	X \$88.00	\$0
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>				\$300.00	\$0
EXTENSION FEE	1 ST MONTH <input type="checkbox"/> \$110.00	2 ND MONTH <input checked="" type="checkbox"/> \$430.00	3 RD MONTH <input type="checkbox"/> \$980.00	4 TH MONTH <input type="checkbox"/> \$1530.00	\$430.00
Other Fees:					\$0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$430.00

- ☐ No additional fee is required.
- ☐ Please charge Deposit Account No. _____ in the amount of _____
- ☐ A check in the amount of _____ to cover the filing fee is enclosed. A duplicate copy of this page is enclosed.
- ☒ A Credit Card Payment Form PTO-2038 is attached in the amount of \$430.00.
- ☒ The Director is hereby authorized to charge any deficiencies of the above fees or credit any overpayment to Deposit Account No. 20-0778.

Jeffrey R. Kuester, Reg. No. 34,367

10-20-04
Date